

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

CD-ROM or CD-R?:: None

Title:: Hand Held Remote Cover

Attorney Docket Number:: 29126.00

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 4

Small Entity?:: Yes

Petition Included?:: No

Petition Type::

Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Clifford Eugene
Family Name:: Gammons
Name Suffix::
City of Residence:: Loudon
State or Province of Residence:: TN
Country of Residence:: US
Street of mailing address:: 784 Butler Drive
City of mailing address:: Loudon
State or Province of mailing address:: TN
Country of mailing address::
Postal or Zip Code of mailing address:: 37774

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22465
Phone number:: 865-584-0105
Fax Number:: 865-584-0104
E-Mail address:: jncutler@pitts-brittian.com

REPRESENTATIVE INFORMATION

Representative Customer Number::	22465	
----------------------------------	-------	--

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

FOREIGN PRIORITY INFORMATION

Country::	Application number::	Filing Date::	Priority Claimed::
-----------	----------------------	---------------	--------------------

ASSIGNMENT INFORMATION

Assignee name:: Adroit Medical Systems, Inc.
Street of mailing address:: PO Box 277
City of mailing address:: 1146 Carding Machine Rd
State or Province of mailing address:: TN
Country of mailing address::
Postal or Zip Code of mailing address:: 37774-0277